DCC-605 (R. 09/22) 922 KAR 2:165

COMMONWEALTH OF KENTUCKY

Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care
275 East Main Street, 3C-F

Frankfort, KY 40621 Email: PartnershipChildCare@ky.gov; Phone: 1-844-209-2657; Fax: 502-564-3464

For Office Use Only:
Contract #
Date

Employee Child Care Assistance Partnership Notice of Action

Your application to participate in the E	imployee Child Care Assistan	ce Partnership wa	is:	
☐ Approved	☐ Denied	☐ Terminated		
The reason for this is:				
Effective:	_ through (unless terminated)		
Business contribution and frequency:				
State match:				
Employer/business name				
Address	City	State	Zip	
Employee name				
Address	City	State	Zip	
Child care provider/business name				
Address	City	State	7in	

If you are dissatisfied with this decision, you may request an administrative hearing in accordance with 921 KAR 2:055 or 922 KAR 2:260.

